

PLEASE PRINT CLEARLY OR TYPE

STATE OF NORTH CAROLINA

IN THE OFFICE
ADMINISTRATIVE HEARINGS
____ EDC ____

COUNTY OF (1) _____

(2) _____ by parent)
(student's name or initials))
or guardian _____)
(parent or guardian's name or initials))
PETITIONERS,)
v.)
(3) _____)
(name of county, city or charter))
Board of Education,)
RESPONDENT.)

**PETITION FOR A
CONTESTED CASE HEARING
(Special Education)**

(4) Name of school or charter school that student attends _____

(5) Student's Name _____ (6) Student's Birthdate _____

(7) Student's Home or Residence Address _____
(Street Address) (City) (State) (Zip) (County)

I hereby petition for a due process contested case hearing as provided for by the Individuals with Disabilities Education Act, (20 U.S.C. 1400 et seq.) North Carolina General Statute §115C-116 and Article 3 of Chapter 150B of the General Statutes.

(8) My Petition is based upon a dispute regarding the following: (Check all that apply.)

- _____ The *Identification* of my child as a student with a disability needing special education;
_____ The *Evaluation* to determine whether my child has a disability under IDEA and/or the nature and extent of the special education and related services the student needs;
_____ The educational *Placement* of my child in special education or related services under IDEA;
_____ My child has been denied a *free, appropriate, public education*;
_____ The decision regarding a *manifestation determination* for my child; and/or
_____ Other (please elaborate on a separate sheet.)

(9) Describe the problem and the facts that support your Petition: (Attach additional pages if more space is needed.)

(10) Describe the resolution or remedy you are seeking: (Attach additional pages if necessary)

(11) Do you wish to request mediation to be conducted by an Administrative Law Judge, who will attempt to facilitate a settlement of this case prior to the contested case hearing? _____ Yes _____ No.

(12) Date: _____ (13) Your phone number (_____) _____

(14) Print your full address: _____
(street address/p.o. box) (city) (state) (zip) (county)

(15) Print your name: _____

(16) Your signature or initials: _____

You must mail or deliver a **COPY** of this Petition to the Superintendent of the board of education named on line (3) of this form. You should contact the school board to determine the name of the current superintendent to be served.

CERTIFICATE OF SERVICE

I certify that this Petition has been served on the Superintendent named below by depositing a copy of it with the United States Postal Service with sufficient postage affixed **OR** by hand delivering it to the named superintendent.

(17) _____ (18) _____
(name of Superintendent served) (school board listed on line 3)

(19) _____
(street address/p.o. box) (city) (state) (zip)

(20) _____ (21) Date: _____
(your signature or initials)

This form has been developed to assist parents, or guardians in petitioning for an impartial due process contested case hearing.

When you have completed this form you **MUST** mail or delivery the **ORIGINAL AND ONE COPY** to the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714 or 424 North Blount Street, Raleigh, NC 27601-2817.